

**INDEMNITY  
(ON A TWO HUNDRED RUPEENON-JUDICIAL STAMP PAPER)**

I/We, \_\_\_\_\_ aged \_\_\_\_ years and at present residing at (address) \_\_\_\_\_

do hereby solemnly state and affirm as under:

**1.** That I/We, had applied for an insurance policy with the AEGON Religare Life Insurance Company Limited for a (mention the plan opted for) \_\_\_\_\_ for a sum assured of Rs. \_\_\_\_\_/-

**2.** That in response to our proposal, the Policy Documents for the insurance policy no. \_\_\_\_\_ on the life of(Name of the Life Assured)\_\_\_\_\_. The policy was effective from (inception date) \_\_\_\_\_ for a sum assured of Rs. \_\_\_\_\_ and delivered on or about (delivery date) \_\_\_\_\_.

**3.** I/We noted the loss of the insurance policy document on or about (Mention the date of loss) \_\_\_\_\_.(mention the reason of loss)\_\_\_\_\_ and the same is now not traceable.

**4.** That I/We have neither assigned, pledged or in any way disposed of or dealt with the said Policy nor have I/We created any pledge or encumbrance on the said Policy.

**5.** That I am/ we are affirming this affidavit solemnly saying that all the averments given by us in the Above mentioned clauses are true to the best of our knowledge and non of the facts pertaining to the policy no. \_\_\_\_\_ as mentioned above are false or concealed and this affirmation is made knowing fully well that on the strength thereof the said Insurance Company shall issue us the Duplicate Policy without production of the said Original Policy.

I/We do hereby jointly and severally covenant with the company, its successors and administrators respectively, that I/we shall at all times and from time to time save, defend, indemnify and keep harmless and indemnified the Company, its successors and assigns and the Directors and Managers thereof and their respective heirs, executors and administrators and each of their estates and effects from and against all actions, causes, suits, proceedings, accounts, claims and demands whatsoever on account of misuse, fraud of any kind on the Original Policy lost by us and against all damages, costs, charges, expenses and sums of money incurred in respect thereof or and I/we, the policyholder/s undertake on demand by the company to return and deliver such to the insurance company the original Policy when found by us in future.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_

Witness:

Details of policyholder:

Name: -----

Name: -----

Signature: -----

Signature: -----

Address: -----

Address: -----

**NOTE: PLEASE ENSURE THAT THE ABOVE MENTIONED INDEMNITY IS NOTARISED BEFORE SENDING IT TO THE COMPANY**